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## Op-ed: Why Medicaid's social care program should not be cut

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The health of New Yorkers—especially our most vulnerable—depends on more than prescriptions and doctor visits. It depends on whether they have enough to eat, a roof over their head, and support to navigate the challenges of aging or disability.

Last summer, with the launch of New York's Medicaid pilot program, the state doubled down on its recognition of this reality by further investing in programs that tackle the root causes of poor health. But now, a single federal memo threatens to unravel this progress and put countless lives at risk.

Recently, the Centers for Medicare & Medicaid Services, or CMS, announced that it will no longer provide matching funds for these critical state programs—specifically Designated State Health Programs and Designated State Investment Programs (“Section 1115 Medicaid Waiver Programs”)—because they “distract from the core mission of Medicaid.” CMS's claim that these services are not directly tied to healthcare ignores both common sense and overwhelming evidence. To malign these investments a “tap on the federal Treasury” is wrong, and counterproductive.

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Simply put, social care is healthcare. These programs, often included in Section 1115 Medicaid waivers, have been critical for states like New York to address health-related social needs, such as food insecurity, housing instability, and access to community-based care.

At Selfhelp Community Services, where we serve more than 25,000 older New Yorkers, we see every day how social care saves lives and dollars. Our social workers keep older adults out of the hospital by ensuring they get to their appointments, take their medications, as well as having food on the table and stable housing. These are not luxuries; they are proven, cost-effective interventions that reduce emergency room visits and prevent health crises before they start. They also routinely pre-empt admission to a nursing home, one of the largest components of Medicaid expense in the nation.

Research bears this out, underscoring the power of integrating social services with healthcare delivery. A 2022 federal evidence review determined that patients who received social support interventions—such as food access, case management, or transportation—experienced better health outcomes and reduced hospitalizations. Notably, one provider of integrated care, WellCare CommUnity partners, generated \$3,200 in annual savings per member, with \$3.47 saved in healthcare costs for every \$1 invested in social care. Partnerships between hospitals and community-based

organizations also have been linked to lower Medicare spending and fewer hospital readmissions, demonstrating that collaboration with social service organizations is both effective and fiscally responsible.

CMS's decision will hit hardest those who can least afford it: older adults, people with disabilities, and low-income families. For clients of organizations like Selfhelp, the Medicaid program has been more than a funding stream—it has been a lifeline. Without it, our ability to deliver comprehensive and integrated care is at risk, and the health and dignity of our communities hang in the balance.

Moreover, this move comes at a time when New York has been making significant strides aimed to advance health equity, reduce disparities, and support the delivery of social care. The sudden withdrawal of federal support threatens to reverse years of progress and widen the health gaps that we have worked so hard to close.

Let's be clear: it is tempting, in times of budget stress, to focus narrowly on what is easily measured or traditionally defined as "healthcare." But the evidence is overwhelming: health and social care are entwined. The world's most successful health systems have long recognized that addressing food insecurity, housing instability and social isolation yields better health outcomes at lower costs. Our country should be moving forward, not backward.

The path forward is clear: protect and strengthen the integration of health and social care, whether under Medicaid or another banner. Our policymakers must step up and challenge this decision, recognizing that the health of our state depends on addressing the full spectrum of needs that shape health, from the doctor's office to the dinner table.

I urge CMS and our elected officials to reconsider this direction. Social care programs are proven, effective, and essential. The decision to cut them is not just shortsighted; it is dangerous. The health of our older adults, our families, and our communities depends on it.

*Stuart C. Kaplan is the CEO of Selfhelp Community Services.*